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DIVISIONAL
REISSUE PATENT APPLICATION TRANSMITTAL

BROADENED REISSUE Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	MAT-3720US2
	First Named Inventor	Ryoichi Imanaka
	Original Patent Number	5,790,172
	Original Patent Issue Date (Month/Day/Year)	August 4, 1998
	Express Mail Label No.	EL635061783US
APPLICATION FOR REISSUE OF: (check applicable box) <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent		
APPLICATION ELEMENTS		ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)		7. <input checked="" type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
2. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)		8. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
3. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)		9. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
4. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)		10. <input type="checkbox"/> * Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)
5. Original U.S. Patent		11. <input type="checkbox"/> Preliminary Amendment
✓ <input checked="" type="checkbox"/> Offer to Surrender Original Patent (37 C.F.R. § 1.178) (PTO/SB/53 or PTO/SB/54) or <input type="checkbox"/> Ribboned Original Patent Grant		12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) ✓ (Should be specifically itemized)
<input type="checkbox"/> Affidavit / Declaration of Loss (PTO/SB/55)		13. <input checked="" type="checkbox"/> Other: ✓ Request for Transfer of Drawings; ✓ Assent by Assignee; ✓ Copy of 1st. page of Letters Patent.
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))		
✓ <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54)		
✓ <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney		
<small>* NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27); EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)</small>		

14. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label <input checked="" type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)					
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NAME (Print/Type)	Jacques L. Etkowicz	Registration No. (Attorney/Agent)	41,738
Signature		Date	8/3/00

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**REISSUE APPLICATION FEE TRANSMITTAL FORM
(DIVISIONAL)**

Docket Number (Optional)

MAT-3720US2

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 14	Total Claims (37 CFR 1.16(j))	(B) 11	**** 0 =	x \$	=	or	x \$ 18 = 0
(C) 8	Independent Claims (37 CFR 1.16(i))	(D) 3	0 =	x \$	=		x \$ 78 = 0
Basic Fee (37 CFR 1.16(h))					\$		\$ 690
Total Filing Fee					\$ 690	OR	\$ 690

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	=	x \$	=	or	x \$ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$	=		x \$ =
Total Additional Fee					\$	OR	\$	

If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- ☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 18-0350.
A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$ 690 _____ to cover the filing / additional fee is enclosed.

8/3/00
Date

Signature of Applicant, Attorney or Agent of Record

Jacques L. Etkowicz, Reg. No. 41,738

Typed or printed name

CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)

Applicant(s): Ryoichi Imanaka

Docket No.

MAT-3720US2

Serial No.

To Be Assigned

Filing Date

Herewith

Examiner

Group Art Unit

Invention: **SERVER APPARATUS, SUBSCRIBER APPARATUS AND INFORMATION ON DEMAND SYSTEM**

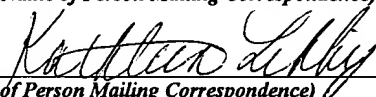
I hereby certify that the following correspondence:

Divisional Reissue Application with Transmittal and related enclosures

(Identify type of correspondence)

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under

37 CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231

August 3, 2000*(Date)***Kathleen Libby***(Typed or Printed Name of Person Mailing Correspondence)*
*(Signature of Person Mailing Correspondence)***EL635061783US***("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**